

V.

Acceptable Verification and Documentation for WIA Eligibility

It is important to note that verification is far different than hard copy documentation.

Verification means to **confirm** eligibility requirements through examination of official documents (e.g., birth certificates, public assistance records, or speaking with official representatives of cognizant agencies).

Documentation means to **maintain** physical evidence, which is obtained during the verification process, in participant files. Such evidence would be copies of documents (where legally permitted), completed telephone/document inspection forms, and signed self-certification statement.

Therefore, all registered adults must verify the General Eligibility criteria, which consist of citizenship or eligible to work, selective service registrant (if applicable), and age. Should a registered adult reach the 2nd tier (intensive) and/or 3rd tier (training) of services, then verification must be provided in accordance with the locally adopted priority policy.

Likewise, all registered Dislocated Workers and Youth must verify the General and Specific Eligibility criteria that pertain to each.

Individuals must meet the following General Eligibility Criteria, which consists of Citizenship or Eligible to Work, Age, and Selective Service Registration. Although an individual's Social Security Number is not considered General Eligibility Criteria, it must be verified.

ELIGIBILITY CRITERIA	ACCEPTABLE VERIFICATION and DOCUMENTATION	Youth	Adult	Dislocated Worker
SOCIAL SECURITY NUMBER Assignment of pseudo Social Security Number is forbidden by IRS regulations. NOTE: An unsigned social security card is valid, and a child's social security card is valid if signed by a parent. When the child reaches working age (14 or 15), the parent can apply for another card, which can then be signed by the child.	DD-214, Report of Transfer or Discharge (if Social Security Number is listed) Employment Records IRS Form Letter 1722 Letter from Social Service Agency Drivers License (if Social Security Number is listed) Pay Stub Social Security Benefit Documents Social Security Card/Notice of Social Security Number Assignment W-2 Form U. C. Records (if Name and Social Security Number is shown) Telephone Verification Other verifiable sources as appropriate	X	X	X
CITIZENSHIP OR ELIGIBLE TO WORK DSS records of printout of a parent can be used as proof of citizenship of dependent children. If, on the verification source, the place of birth is not in the United States, additional verification may be needed. * From List B of the I-9 Form the Voter Registration Form cannot be used.	Alien Registration Card Indicating Right to Work (INS Form I-151, I-551, I-94, I-688A I-197, I-179) Baptismal Certificate (if Place of Birth is shown) Birth Certificate DD-214, Report of Transfer or Discharge (if Place of Birth is shown) Food Stamp Record Foreign Passport Stamped Eligible to Work Hospital Record of Birth (if Place of Birth is shown) Hand Gun Permit Naturalization Certification Public Assistance Records U. S. Passport Social Security Card (Work Eligible) with I. D. Native American Tribal Document One verification source from List A of the I-9 Form OR one verification source from List B AND one verification source from List C of the I-9 Form* Telephone Verification Other verifiable sources as appropriate	X	X	X

ELIGIBILITY CRITERIA	ACCEPTABLE VERIFICATION and DOCUMENTATION	Youth	Adult	Dislocated Worker
AGE/BIRTHDATE	Baptismal Record (if Date of Birth is shown) Birth Certificate DD-214, Report of Transfer or Discharge Paper Driver's License Federal, State or Local Government Identification Card Hospital Record of Birth (if Full Name is shown) Passport Public Assistance/Social Service Records School Records/Identification Card Work Permit Telephone Verification Other verifiable sources as appropriate	X	X	X
SELECTIVE SERVICE REGISTRANT	Selective Service Advisory Opinion Letter Selective Service Registration Record (Form 3A) DD-214, Report of Transfer or Discharge Stamped Post Office Receipt of Registration Internet Verification/Registration (www.sss.gov) Selective Service Telephone Verification (847) 688-6888 Other verifiable sources as appropriate	X	X	X

When applicable, individuals must meet at least one of the following Specific Eligibility Criteria, which consists of Individual/Family Income, Individual Status/Family Size, Cash Public Assistance, Food Stamps, Homeless, Supported Foster Child, and Individuals with Disabilities.

ELIGIBILITY CRITERIA	ACCEPTABLE VERIFICATION and DOCUMENTATION	Youth	Adult	Dislocated Worker
INDIVIDUAL/FAMILY INCOME Verification should be provided for each applicable income source. If the applicant is low-income based on meeting the definition of TANF, Food Stamps, SSI, Homeless, or Foster Child, this must be verified. However, family size does not need to be verified, and family income does not need to be verified or recorded.	Alimony Agreement Statement of Family Size/Family Income Award Letter from Veterans Administration Bank Statement (Direct Deposit) Compensation Award Letter Court Award Letter Employer Statement/Contact Farm or Business Financial Records Housing Authority Verification Pay Stubs Pension Statement Public Assistance Records Quarterly Estimated Tax for Self-employed Persons (Schedule C) Social Security Benefits UI Documents and/or Printout Self-Certification Form Telephone Verification Other verifiable sources as appropriate	X	Not applicable unless funds are limited and a priority policy is in place with the local board for intensive and/or training services	
INDIVIDUAL STATUS/FAMILY SIZE If the applicant is low-income based on meeting the definition of TANF, Food Stamps, SSI, Homeless, or Foster Child to determine Low-income Individual Family size; does not need to be verified, but the family for the individual needs to be established.	Statement of Family Size/Family Income Birth Certificate Decree of Court Disabled (See Individuals with a Disability) Divorce Decree Landlord Statement Lease Marriage Certificate Medical Card Most Recent Tax Return supported by IRS Documents (e.g., Form Letter 1711) Public Assistance/Social Service Agency Records Public Housing Authority (if Resident of or on Waiting List) Written Statement from a Publicly supported 24-hour Care Facility or Institution (e.g., Mental, Prison) Self-Certification Form Telephone Verification Other verifiable sources as appropriate	X	Not applicable unless funds are limited and a priority policy is in place with the local board for intensive and/or training services	

ELIGIBILITY CRITERIA	ACCEPTABLE VERIFICATION and DOCUMENTATION	Youth	Adult	Dislocated Worker
CASH PUBLIC ASSISTANCE If the applicant is low-income based on meeting the definition of TANF, Food Stamps, SSI, Homeless, or Foster Child, this must be verified. However, family size does not need to be verified and family income does not need to be verified or recorded.	Copy of Authorization to Receive Cash Public Assistance Copy of Public Assistance Check Medical Card Showing Cash Grant Status Public Assistance Identification Card Showing Cash Grant Status Public Assistance Records/Printout Refugee Assistance Records Self-Certification Form Telephone Verification Other verifiable sources as appropriate	X	Not applicable unless funds are limited and a priority policy is in place with the local board for intensive and/or training services	
FOOD STAMPS If the applicant is low-income based on meeting the definition of TANF, Food Stamps, SSI, Homeless, or Foster Child, this must be verified. However, family size does not need to be verified and family income does not need to be verified or recorded.	Current Authorization to Obtain Food Stamps Current Food Stamp Recipient Food Stamp Card with Current Date Letter from Food Stamp Disbursing Agency Postmarked Food Stamp Mailer with Applicable Name and Address Public Assistance Records/Printout Self-Certification Form Telephone Verification Other verifiable sources as appropriate	X	Not applicable unless funds are limited and a priority policy is in place with the local board for intensive and/or training services	
HOMELESS If the applicant is low-income based on meeting the definition of TANF, Food Stamps, SSI, Homeless, or Foster Child, this must be verified. However, family size does not need to be verified and family income does not need to be verified or recorded.	Written Statement from an Individual Providing Temporary Residence Written Statement from Shelter Written Statement from Social Service Agency Self-Certification Form Telephone Verification Other verifiable sources as appropriate	X	Not applicable unless funds are limited and a priority policy is in place with the local board for intensive and/or training services	

ELIGIBILITY CRITERIA	ACCEPTABLE VERIFICATION and DOCUMENTATION	Youth	Adult	Dislocated Worker
SUPPORTED FOSTER CHILD If the applicant is low-income based on meeting the definition of TANF, Food Stamps, SSI, Homeless, or Foster Child, this must be verified. However, family size does not need to be verified and family income does not need to be verified or recorded.	Court Contact Court Documentation Medical Card Verification of Payments made on Behalf of the Child Written Statement from State/Local Agency Self-Certification Form Telephone Verification Other verifiable sources as appropriate	X	Not applicable unless funds are limited and a priority policy is in place with the local board for intensive and/or training services	
INDIVIDUALS WITH DISABILITIES 20 CFR 663.640 May an individual with a disability whose family does not meet income eligibility criteria under the Act be eligible for priority as a low-income adult? Yes, even if the family of a disabled individual does not meet the income eligibility criteria, the disabled individual is to be considered a low-income individual if the individual's own income: (a) Meets the income criteria established in WIA section 101(25)(B); or (b) Meets the income eligibility criteria for cash payments under any Federal, State or local public assistance program. (WIA section 101(25)(F).)	Letter from Drug or Alcohol Rehabilitation Agency Letter from Child Study Team stating Specific Disability Medical Records Observable Condition (Self-Certification Form Needed) Physician's Statement Psychiatrist's Diagnosis Psychologist's Diagnosis Rehabilitation Evaluation Sheltered Workshop Certification Social Service Records/Referral Social Security Administration Disability Records Veterans Administration Letter/Records Vocational Rehabilitation Letter Workers Compensation Record Self-Certification Form Telephone Verification Other verifiable sources as appropriate	X	X	

YOUTH BARRIERS

Youth must be within one or more of the following Youth Barriers which consist of Basic Skills Deficient, Pregnant or Parenting, School Dropout, Offender, Homeless, Runaway Youth or Foster Child, and Requires Additional Assistance.

ELIGIBILITY CRITERIA	ACCEPTABLE VERIFICATION and DOCUMENTATION	Youth	Adult	Dislocated Worker
YOUTH BARRIERS	BASIC SKILLS DEFICIENT Assessed by a Generally Accepted Standardized Test School Records Telephone Verification Other verifiable sources as appropriate	X		
YOUTH BARRIERS	PREGNANT OR PARENTING Birth Certificate Hospital Record of Birth Medical Card Physician's Note Referrals from Official Agencies School Program for Pregnant Teens School Records Statement from Social Service Agency Self-Certification Form Telephone Verification Other verifiable sources as appropriate	X		
YOUTH BARRIERS	SCHOOL DROPOUT Attendance Record Dropout Letter Self-Certification Form Telephone Verification Other verifiable sources as appropriate	X		

ELIGIBILITY CRITERIA	ACCEPTABLE VERIFICATION and DOCUMENTATION	Youth	Adult	Dislocated Worker
YOUTH BARRIERS	OFFENDER Court Documents Halfway House Resident Letter of Parole Letter from Probation Officer Police Records Self-Certification Form Telephone Verification Other verifiable sources as appropriate	X		
YOUTH BARRIERS	HOMELESS, RUNAWAY YOUTH Written Statement from an Individual providing Temporary Residence Written Statement from Shelter Written Statement from Social Service Agency Self-Certification Form Telephone Verification Other verifiable sources as appropriate OR FOSTER CHILD Court Contact Court Documentation Medical Card Verification of Payment made on Behalf of the Child Written Statement from State/Local Agency Self-Certification Form Telephone Verification Other verifiable sources as appropriate	X		
YOUTH BARRIERS	REQUIRES ADDITIONAL ASSISTANCE Identified in the Local Workforce Area Plan Assessment results by Local Workforce Area Other verifiable sources as appropriate	X		

EXCEPTIONS YOUTH 5% WINDOW

EXCEPTIONS (YOUTH) SPECIAL RULE (5% WINDOW) – Not more than 5% of participants assisted under Section 129 in each local area may be individuals who do not meet the minimum income criteria to be considered eligible youth, if such individuals are within one or more of the following categories: School Dropout, Basic Skills Deficient, Behind Grade Level, Pregnant or Parenting Youth, Individuals with Disabilities, Homeless or Runaway Youth, Offender, and Serious Barriers to Employment.

ELIGIBILITY CRITERIA	ACCEPTABLE VERIFICATION and DOCUMENTATION	Youth	Adult	Dislocated Worker
EXCEPTIONS (YOUTH) SPECIAL RULE (5% WINDOW)	SCHOOL DROPOUT Self-Certification Form Attendance Records Dropout Letter Telephone Verification Other verifiable sources as appropriate	X		
	BASIC SKILLS DEFICIENT (English reading, writing, or computing skills at or below the 8th grade level) Assessed by a Generally Accepted Standardized Test School Records Telephone Verification Other verifiable sources as appropriate	X		
	BEHIND GRADE LEVEL Report Card School Records Telephone Verification Other verifiable sources as appropriate	X		
	PREGNANT OR PARENTING YOUTH Birth Certificate Hospital Record of Birth Medical Card Physician's Note Referrals from Official Agencies School Program for Pregnant Teens School Records Statement from Social Service Agency Self-Certification Form Telephone Verification Other verifiable sources as appropriate	X		
	INDIVIDUALS WITH DISABILITIES (including learning disabilities) Letter from Drug or Alcohol Rehabilitation Agency Letter from Child Study Team stating Specific disability Medical Records Observable Condition (Self-Certification Form Needed) Physician's Statement Psychiatrist's Diagnosis	X		

EXCEPTIONS YOUTH 5% WINDOW

ELIGIBILITY CRITERIA	ACCEPTABLE VERIFICATION and DOCUMENTATION	Youth	Adult	Dislocated Worker
EXCEPTION (YOUTH) SPECIAL RULE (5% WINDOW) (continued)	Psychologist's Diagnosis			
	Rehabilitation Evaluation			
	Sheltered Workshop Certification			
	Social Service Records/Referral			
	Social Security Administration Disability Records			
	Veterans Administration Letter/Records			
	Vocational Rehabilitation Letter			
	Workers Compensation Record			
	Self-Certification Form			
	Telephone Verification			
	Other verifiable sources as appropriate			
	HOMELESS OR RUNAWAY YOUTH			
	Self-Certification Form	X		
	Written Statement from an Individual providing Temporary Residence			
	Written Statement from Shelter			
	Written Statement from Social Service Agency			
	Telephone Verification			
	Other verifiable sources as appropriate			
	OFFENDER			
	Self-Certification Form			
	Court Documents	X		
	Halfway House Resident			
	Letter of Parole			
	Letter from Probation Officer			
	Police Records			
	Telephone Verification			
	Other verifiable sources as appropriate			
	SERIOUS BARRIERS TO EMPLOYMENT AS IDENTIFIED BY LOCAL BOARD			
	Other _____ (please type in the Barrier)			
	Self-Certification Form	X		

DISLOCATED WORKER – the term “dislocated worker” means an individual who (a) has been terminated or laid off, or who has received a notice of termination or layoff, from employment; is eligible for or has exhausted entitlement to unemployment compensation; or has been employed for a duration sufficient to demonstrate, to the appropriate entity at a one-stop center, attachment to the workforce, but is not eligible for unemployment compensation due to insufficient earnings or having performed services for an employer that were not covered under a State unemployment compensation law; and is unlikely to return to a previous industry or occupation; (b) has been terminated or laid off, or has received a notice of termination or layoff, from employment as a result of any permanent closure of, or any substantial layoff at, a plant, facility, or enterprise; is employed at a facility at which the employer has made a general announcement that such facility will close within 180 days; or for purposes of eligibility to receive services other than training services, intensive services, or supportive services, is employed at a facility at which the employer has made a general announcement that such facility will close; (c) was self-employed (including employment as a farmer, a rancher, or a fisherman) but is unemployed as a result of general economic conditions in a community in which the individual resides or because of natural disasters; or (d) is a displaced homemaker.

ELIGIBILITY CRITERIA	ACCEPTABLE VERIFICATION and DOCUMENTATION	Youth	Adult	Dislocated Worker
DISLOCATED WORKER	TERMINATED/LAID OFF/RECEIVED NOTICE OF TERMINATION OR LAYOFF Certification of Expected Separation Layoff Letter from Employer Verification from Prospective Employer Verification from Employment Agency Self-Certification Form Other verifiable sources as appropriate AND ELIGIBLE FOR UI UI Documents and/or Printout E.S. Contact Profile Reemployment Program (PREP) Service Activity Plan Other verifiable sources as appropriate AND UNLIKELY TO RETURN (Reemployment Opportunity is poor) Contact with Separating Employer Job Service Contact Layoff/Termination Notice Profile Reemployment Program (PREP) Service Activity Plan Statewide/Local Labor Market Information UC Printout listing Reason for Termination Self-Certification Form Telephone Verification Other verifiable sources as appropriate			X

ELIGIBILITY CRITERIA	ACCEPTABLE VERIFICATION and DOCUMENTATION	Youth	Adult	Dislocated Worker
DISLOCATED WORKER	PERMANENT CLOSURE OF PLANT/FACILITY/ ENTERPRISE OR SUBSTANTIAL LAYOFF Certification of Expected Separation Letter from Employer Media Announcement with Employment Verification Contact with Separating Employer Layoff Notice Public Notice as determined by the State's Rapid Response Coordination Services UI Documents and/or Printout WARN Notice to Individual with Separating Employer WARN Notice to Labor Union which represents Worker Self-Certification Form Telephone Verification Other verifiable sources as appropriate			X
DISLOCATED WORKER	GENERAL ANNOUNCEMENT OF CLOSURE Verification from Media Source Employer Verification Self-Certification Form Telephone Verification Other verifiable sources as appropriate			X

ELIGIBILITY CRITERIA	ACCEPTABLE VERIFICATION and DOCUMENTATION	Youth	Adult	Dislocated Worker
DISLOCATED WORKER	FORMERLY SELF-EMPLOYED/CURRENTLY UNEMPLOYED Business License/Permit IRS Forms Labor Market Information Unemployment Rate Approved Labor Market Analysis Business Ledgers Chapter 7 – Bankruptcy published in Newspaper (Date must be shown) Chapter 11 – Bankruptcy published in Newspaper (Date must be shown) Failure of Business Supplier Failure of Business Customer Depressed Prices or Market Federal/State Declaration of Disaster BWI Approved Disaster AND Permanent Dislocation Self-Certification Form Telephone Verification Other verifiable sources as appropriate			X

Displaced Homemaker – an individual who has been providing unpaid services to family members in the home and who

A. has been dependent on the income of another family member but is no longer supported by that income; **AND**

B. is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.

ELIGIBILITY CRITERIA	ACCEPTABLE VERIFICATION and DOCUMENTATION	Youth	Adult	Dislocated Worker
<p>DISLOCATED WORKER</p> <p>The term “displaced homemaker” means an individual who has been providing unpaid services to family members in the home and who</p> <p>(A) has been dependent on the income of another family member but is no longer supported by that income;</p> <p>AND</p> <p>(B) is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.</p>	<p>DISPLACED HOMEMAKER</p> <p>IRS Forms Court Records Medical Records Bank/Financial Records Divorce Decree Spouse Death Certificate Spouse Disability check Self-Certification Form Other verifiable sources as appropriate</p> <p>AND</p> <p>Employer Verification Job Search Verification Self-Certification Form Telephone Verification Other verifiable sources as appropriate</p>			X